RISK FACTOR REFERENCES

1. A Brief Risk-Stratification Tool to Predict Repeat Emergency Department Visits and Hospitalizations in Older Patients Discharged From Emergency Departments http://onlinelibrary.wiley.com/doi/10.1197/aemj.10.3.224/pdf

    a. Two or more of the following risk factors predicted repeat ED Visits (within 30 days) or Hospitalizations:
        i. Cognitive impairment (poor recall or not oriented)
        ii. Difficulty walking
        iii. ED use within 30 days
        iv. Polypharmacy (5+ medications)
        v. RN (in ED) concern for elder abuse/neglect, substance abuse, medication non-compliance, problems meeting IADL

2. Trends in Potentially Preventable Inpatient Hospital Admissions and Emergency Department Visits (ages 18 and older) http://www.hcup-us.ahrq.gov/reports/statbriefs/sb195-Potentially-Preventable-Hospitalizations.pdf

    a. Acute conditions:
        i. Dehydration
        ii. Bacterial pneumonia
        iii. Urinary Tract Infection
    b. Chronic conditions;
        i. Diabetes with short- and long-term complications
        ii. Uncontrolled diabetes without complications
        iii. Lower extremity amputations for diabetes
        iv. Chronic Obstructive Pulmonary Disease
        v. Hypertension
        vi. Congestive Heart Failure
        vii. Asthma

3. Risk Assessment-8P Project Boost Implementation Toolkit Society of Hospital Medicine http://www.hospitalmedicine.org/Web/Quality_Innovation/Implementation_Toolkits/Project_BOOST/Web/Quality___Innovation/Implementation_Toolkit/Boost/BOOST_Intervention/Tools/Risk_Assessment.aspx

4. 8P Screening Tool-Identifying Patient's Risk for Adverse Events After Discharge http://www.hospitalmedicine.org/Web/Quality_Innovation/Implementation_Toolkits/Project_BOOST/Web/Quality___Innovation/Implementation_Toolkit/Boost/BOOST_Intervention/BOOST_Tools.aspx (Scroll to "8P Risk Assessment")

    a. Medications: Polypharmacy 10+, high-risk medications (anticoagulants, insulin/oral hypoglycemic agents, digoxin, narcotics)
    b. Psychological: Depression, Anxiety, Substance Abuse
    c. Diagnosis: Cancer, stroke, diabetic complications, COPD, heart failure
    d. Physical limitations: Frailty, deconditioning, physical limitations in ADL, IADL, Medication Administration
    e. Poor health literacy: not understand care plan
    f. Poor social support: Absence of reliable caregiver to assist with discharge care; Isolation
    g. Prior hospitalization: unplanned hospitalization in prior 6 months

5. Prediction of Institutionalization in the Elderly. A systematic review http://ageing.oxfordjournals.org/content/39/1/31.full.pdf+html

    a. A review of the research found that predictors were primarily based on underlying cognitive and/or functional impairment, and associated lack of support and assistance in daily living.

6. Characteristics Predicting Nursing Home Admission in the Program of All-Inclusive Care for Elderly People (PACE)* http://gerontologist.oxfordjournals.org/content/45/2/157.full

    a. The following characteristics of individuals enrolled in PACE from the community were predictive of nursing home admission:
        i. Age
        ii. Instrumental Activity of Daily Living Dependence
        iii. Bowel Incontinence

    b. Other characteristics not independently predictive of institutionalization:
        i. Poor cognitive status
        ii. Number of chronic conditions,
        iii. Activity of daily living deficits
        iv. Urinary incontinence
        v. Several behavioral disturbances

vi. Duration of PACE program operation

*Despite that 100% of PACE participants are nursing home certifiable, the risk of being admitted to a nursing home long term following enrollment from the community is low. This may be due to the services provided by the PACE program that reduce the risk factors for institutionalization. However, individuals who receive long-term care in a nursing home prior to enrollment in PACE remain at high risk of readmission despite the availability of comprehensive services.